

# Clinical HIV/AIDS Services Strengthening (CHASS) Project in Niassa Province



## Quarterly Performance Report Nº 4 – April – June 2011

#### Submitted to:

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## **Third Quarter Report**

Project: Clinical HIV/AIDS Services Strengthening (CHASS) Project in Niassa Province

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#### **PHOTOS:**

Picture 1. M2M group in Cuamba HC with a HW

Annex E: Quarterly financial report

#### Acronyms

ANC Antenatal Care

ART Antiretroviral Treatment

ARV Antiretroviral

CBO Community-Based Organization

CHASS Clinical HIV/AIDS Services Strengthening

CCM Community Case Managers

CCR Exposed Children Attending Clinic

CDS Diocesan Committee for Health- a local NGO

COP Chief of Party

CT Counseling and Testing

DBS Dried Blood Spot

DDSMAS District Directorate for Health, Women and Social Welfare

DPS Provincial Health Directorate
DQA Data Quality Assurance
FH Food for the Hungry

FHI Family Health International

FP Family Planning FY Fiscal Year

GRM Government of the Republic of Mozambique

HBC Home-Based Care

HMIS Health Management Information System

HQ Headquarters

HSS Health System Strengthening IT Information technology

m2m mothers2mothers

MCH Maternal and Child Health M&E Monitoring and Evaluation

MOH Ministry of Health

MULEIDE Women, Law and Development NGO Non-Governmental Organization

OI Opportunistic Infection

OVC Orphans and Vulnerable Children

PEP Post-Exposure Prophylaxis

PEPFAR President's Emergency Plan for AIDS Relief

PES Economic and Social National Plan

PICT Provider-Initiated Counseling and Testing

PLHIV People Living with HIV/AIDS PMP Performance Monitoring Plan

PMTCT Prevention of Mother-to-Child Transmission

PP Positive Prevention
QA Quality Assurance
QI Quality Improvement
RH Reproductive Health

SIS Sistema de Informação de Saude (Health Information System)

SOP Standard Operating Procedure STI Sexually Transmitted Infection

TA Technical Assistance

TB Tuberculosis

USAID United States Agency for International Development USG United States Government

USG United States Government
WASH Safe Water/Sanitation/Hygiene
WLSA Women and Law in Southern Africa

### **Executive Summary**

The USAID/Mozambique Clinical HIV/AIDS Services Strengthening Project (CHASS) is a five-year project (August 2010 - July 2015) supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Niassa, Mozambique. CHASS/Niassa is implemented by Family Health International (FHI) in partnership with Abt Associates, Food for the Hungry (FH) and Comissão Diocesana de Saúde (CDS).

CHASS/Niassa's goal is to strengthen the Niassa provincial health system by maximizing access, quality and sustainability in the delivery of comprehensive HIV/AIDS and related primary health services. This goal contributes to the joint GRM/USG goals in health and HIV/AIDS by reducing HIV transmission, mitigating the impact of HIV on individuals and communities, and improving health for those affected by HIV/AIDS. This report marks the progress for the third quarter of the fiscal year and the fourth of our project to date.

#### **Key Ongoing Activities**

This quarter, the CHASS project continued to provide technical and program support to clinical and community services delivery in eight districts of Niassa Province: Cuamba, Mandimba, Mecanhelas, Metarica, Lichinga, Sanga, Marrupa and N´gauma. The project is supporting 25 health facilities in the provision of HCT, PMTCT and support TB-HIV diagnosis and treatment and laboratory services in nine sites, pharmacy, anti-retroviral treatment and care services in eleven of these sites.

During this reporting period, the number of individuals receiving counseling and testing services and treatment continued to increase from previous quarters. This quarter 10,390 individuals received counseling and testing and 7.5% were HIV positive. Eighty percent of registered pregnant received HIV counseling and testing for PMTCT and 4.47% of all women counseled and tested were found to be HIV-positive. Among these women, 45.5% were provided with a complete course of antiretroviral prophylaxis in pre-natal settings. Eleven health facilities provide pediatric and adult ART services using the new joint technical assistance approach. During this reporting period there was a 13.6% increase in the number of individuals newly initiating ART from the previous quarter.

During this quarter, several technical trainings were held in the areas of CT, PMTCT, adult and pediatric care, and positive prevention. Approximately, 207 health workers were trained from all districts health facilities on positive prevention (50), drug management (46), PMTCT/FP (29), Pediatric ART (17), HCT (26), Nutrition (20), and TB (19).

At the national and provincial level, CHASS technical staff participated in several technical forums which provided opportunities to strengthen systems for service delivery. These included: the 1<sup>st</sup> Annual Provincial Laboratory meeting to review and harmonize the lab registration books and forms, attended by all the district and provincial technicians; the PMTCT National Task force meeting to discuss the draft of the new PMTCT training manual for trainers and trainees; a provincial meeting to review MCH data and discuss the way forward; and a provincial clinical management committee meeting. Coordination meetings continued to be held with the

ComCHASS and TBCARE projects to ensure synergies and ensure seamless delivery of services across the continuum of care.

To ensure linkages between services at the community and facility level, Comissão Diocesana de Saúde (CDS) using Community Case Managers (CCM) are implementing patient tracking and referral systems, including mobilizing communities. These services are being provided in close collaboration with the ComCHASS project in three districts: Mandimba, Cuamba and Mecanhelas districts.

During this reporting period, the HSS staff completed the HSS rapid assessment of Niassa province health system along the six prongs of health system strengthening. Based on the assessment activities have been included as part of the DPS annual plan for 2012 (PES 2012).

#### Community Case Management interventions

For the communities located in the catchment areas of the ART health facilities, Comissão Diocesana de Saúde (CDS) using Community Case Managers (CCM) have started to provide community mobilization, individual counseling, patient tracking systems and referrals to facility-based HIV services and liaises to community-based services supported through the ComCHASS project in 3 districts: Mandimba, Cuamba and Mecanhelas districts. Community Case Management (CCM) is an important approach which helps increase coverage of preventive interventions, increase adherence to ART and tracking HIV and TB patients. Community-based HCT is critical and will be implemented in collaboration with CDS and Jhpiego using CCMs. The initiative will include providing HIV/AIDS TB education and free mobile VCT using rapid testing with same day results.

Local NGOs can certainly play a crucial role in taking HIV/AIDS services closer to the people in the community and we expect transparency proper accountability and good project performance from them. We are right now assessing relevance of a continuing with CDS as the facilitator NGO to manage the implementation of the CCM intervention. Our interim evaluation of the NGO is based on their overall performance in terms of input use, schedule of project and outputs.

Nº total de participantes nas sessoes de IEC 44,848

Nº total de beneficiarios de visitas face face 9848

Nº total de referidos pelos activistas para unidade sanitária 1647

Nº de referidos pelos activistas para Unidades Sanitarias e que foram atendidas 1142

#### **Key Performance Indicators**

Performance Indicators	FY11 Target	FY11 Q1 Actual	FY11 Q2 Actual	FY 11 Q3 Actual
Number of individuals newly initiating ART during this reporting period	1495	200	234	271
Pregnant women received HIV counseling and testing and results in PMTCT setting	23732	5560	5271	5867
Number of adults and children				

currently receiving ART therapy	3356	2402	2622	3043
Number of individuals who received counseling and testing for HIV and received their test results.	16645	7213	9509	10369

#### *Key Issues/Constraints*

- Periodic stock outs of essential commodities and drugs due to poor forecasting skills Limited human resources.
- Inconsistent availability of pharmaceuticals and medical supplies.
- Limited sensitivity to gender issues among providers.
- Poor clinical practices of many Clinical officers with limited direct communication and failure to do a full physical examination.

This quarterly report covers key program activities and achievements, challenges and constraints in Niassa Province between April 1 and June 31 2011 and is organized by project objectives. A success story on "Supporting strengthening of the HMIS in Niassa" is included in Annex A. A summary of the program's PEPFAR indicators and progress to date is provided in Annex B. A list of health facilities and services supported during this reporting period is presented in Annex C, a summary of trainings during the quarter in Annex D. and the Quarterly financial report in Annex E.

#### Introduction

The USAID/Mozambique Clinical HIV/AIDS Services Strengthening Project (CHASS) is a five-year project (August 2010 - July 2015) supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Niassa, Mozambique. The project supports USAID's Strategic Objective 9 (SO 9) "to improve health in vulnerable populations in Mozambique," and more specifically contributes to Intermediate Result (IR) 7.3, "Improved use of proven interventions to prevent major infectious diseases." CHASS/Niassa is implemented by Family Health International (FHI) in partnership with Abt Associates, Food for the Hungry (FH) and Comissão Diocesana de Saúde (CDS).

CHASS/Niassa's goal is to strengthen the Niassa provincial health system by maximizing access, quality and sustainability in the delivery of comprehensive HIV/AIDS and related primary health services. This goal contributes to the joint GRM/USG goals in health and HIV/AIDS by reducing HIV transmission, mitigating the impact of HIV on individuals and communities, and improving health for those affected by HIV/AIDS. The project's objectives are to:

Objective 1: Improve the accessibility of high-quality HIV services by strengthening clinical service delivery in six key areas and their utilization through increased retention and demand by clients.

Objective 2: Create an integrated system of HIV/AIDS and primary health care with strong linkages to community services.

Objective 3: Strengthen GRM/MOH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements.

#### I. Accomplishments by Objective

Objective 1: Improve the accessibility of high-quality HIV services by strengthening clinical service delivery in six key areas and their utilization through increased retention and demand by clients.

During this period, CHASS/Niassa continued to strengthen comprehensive clinical service delivery in 25 health facilities, of which 11 health facilities provide pediatric and adult ART services using the new joint technical assistance approach which involves FHI staff accompanying SDMAS counterparts during supervision visits. This approach has been found to be very productive and useful by health center staff as they see the involvement of their supervisors in trying to improve results.

#### Key Accomplishments this Quarter

Improvements in results from the previous quarter are reflected below:

- 271 new individuals started ART, the number of ART clients increased by 16%, a total of 3,043 individuals are currently receiving ART;
- 10,390 individuals received counseling and testing by the end of June 2011, 782 tested HIV positive;
- 5.790 women tested know their HIV status, this increases by 185 individuals from the last quarter;
- 118 women received a complete course of ART at ANC this quarter, an increase in 9% from the last quarter;
- In the labor and delivery setting 149 women received a complete course of ART during this quarter;

#### Expansion of ART to new sites

CHASS project have extended coverage to the three sites planned for this fiscal year. During this reporting period, clinicians (*Técnicos de medicina geral*) from Mitucue, Mitande and Entre lagos were trained in adult and pediatric ART clinical treatment. Through this training clinicians acquired more knowledge on international and national SOPs for ART. FHI technical staff will continue mentoring and providing regular technical assistance, job aids and guidelines, as needed.

The ART expansion sites are contributing to an increase in the number of new enrollments for ART. This quarter there were 44 new patients in the expansion sites (22-Entre Lagos, 19-Mitucue and 3-Mitande). This represents 16% of the total new enrolled in ART in the project sites during this reporting period.

#### Adult and Pediatric Care and Treatment Technical Support

Currently, in the 11 CHASS ART supported sites 3,043 individuals are on treatment. The increase is due to improvements in serial CD4 monitoring among pre-ART patients that enables better screening of patients with low CD4 counts to determine eligibility for ART. In addition, reviews of pre-ART clinical folders based on MoH eligibility criteria has also resulted in more eligible patients initiating treatment.

Since the implementation of the new technical assistance strategy involving DPS and SDMAS last quarter, an orientation and planning meeting was held with DPS departments and a staff professional development plan was developed.

The project has received new HIV pediatric treatment guidelines from the MoH and is working with the DPS in its implementation. The guidelines contain updated recommendations in several areas, including when to start antiretroviral therapy and factors to consider in selecting an antiretroviral regimen.

Adolescents and young adults, especially those at risk for or living with HIV, need a place where they feel understood and supported. Thus, CHASS will provide technical support to health providers working in health facilities with SAAJ in the delivery of culturally sensitive and age-appropriate services.

Training on positive prevention targeting 64 health workers in Massungulo, Marrupa and Chimbonila (Lichinga district) was conducted this quarter. Trainings will be conducted in Mandimba, Cuamba, Metarica and Sanga next quarter. CHASS project staffs continue to support districts in the implementation of the MoH guidelines on post-exposure prophylaxis.

CHASS project staff in partnership with MoH/DPS and I-Tech staff supported the quarterly clinical tutorials, which are undertaken to improve the capacity of clinicians in adult and pediatric ART management, including management of opportunistic infections.

Monthly meetings continued to be successfully held among the HIV positive support group designated as  $Ch\acute{a}+$  (chá positivo) this reporting period in three sites. The project is working towards expanding these groups to all ART sites, as well as involving PLHIV to be active participants and in some cases facilitators of these groups.

CHASS technical staff continued to participate and provide mentoring during the provincial committee on management of clinical services meetings (*Comité provincial de gestão dos serviços clinicos*) led by the *médico chefe provincial*. This meeting provides an opportunity to discuss issues around ART initiation, TB-MDR, TB-HIV co-infection, laboratory and pharmacy.

Another key activity this quarter was the reactivation of the national pharmaco-vigilance program for patients who have adverse effects of the ARV treatment. This program ensures registers are in place for documented case notification to the DPS. While clinicians have received on the job training on this program, in FY 12 this will form part of the training for pharmacy staff.

#### Pre-ARV treatment

During this quarter, the clinical teams worked closed with the community case mangers (CCM) to keep the *ficheiros movies* (manual patient tracking system) functional and useful. The high rate of mortality and early death of patients who are lost to follow-up emphasizes the importance of starting ART earlier. During this reporting period, the CHASS clinical staffs reviewed approximately 1000 patient clinical folders (processos clínicos) and registers to find those patients fulfilling the new eligibility criteria to start ART. One-third of the patients were found eligible to start ART and their names were given to the CCM for active searching (buscas activas) in their respective communities.

Furthermore, despite the importance of timely entry into care after HIV diagnosis, many patients do not begin treatment during the clinical period recommended by current guidelines, which advocates initiating ART when CD4 cell counts fall below 350 cells/mm. The DPS is waiting for a Circular from MISAU to authorize initiating ART to patients with CD4 of  $\leq$  350 and patients diagnosed with TB/HIV to start ART irrespective of CD4 count.

#### Pediatric HIV/AIDS Care and Treatment

This quarter the CHASS project staff continued to reinforce the promotion of treatment, care and support for children living with HIV. This included using CCMs for improvement of the *busca activa* for the positive children and helping reduce the time taken to receive PCR and CD4 results through the involvement of the clinicians and the medical doctors.

A Training of Trainers in the new guidelines for pediatric ART was held in Maputo. The CHASS clinical STO and a DPS representative who received this training will conduct follow-up trainings at the provincial level, next quarter.

The CHASS project designed a referral tool for exposed children attending clinic (CCR). This is a pilot in Cuamba and Mandimba maternity, where CHASS staffs are monitoring the use of the tool and aim to share it with the entire province. Laboratory, CCR and ART staff are working closely to ensure a sustainable referral system. In pediatric pre-ART, the project assisted with collection of 155 PCR samples of which seven were positive and hence eligible to initiate ART.

#### Improving Loss-to-Follow-up

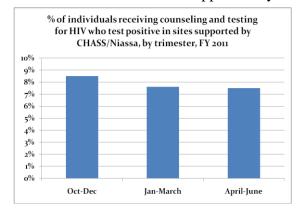
This quarter, Committee Diocese Saude (CDS) through CCMs referred 1.647 individuals from the community to the health facilities, of which 1,142 received services at the health center. From the health facilities, CDS received a list of 818 lost-to-follow-up patients (*faltoso e abandonos*), out of which 395(48.2%) were found by CCMs and 269 (68%) have re-initiated treatment. Over the next few quarters, the focus will be on using CCMs to improve retention in care and prevent LTFU in PMTCT, exposed children, TB treatment, Pre-ART and ART.

Both understanding the extent of and improving retention in HIV care present special challenges for the CHASS project in Niassa. Socio-structural factors such as program characteristics, transportation, poverty, work/child care responsibilities, and social relations are the major determinants of retention in care, and therefore interventions to improve retention in care should focus on implementation of multisectoral strategies.

This approach has been so far a rewarding experience for the project. It is a valuable intervention in facilitating retention and a significant contribution to effective management of HIV patients.

Clients Referred to Health Facilities/ sector	M	F	M	F	TOTAL		
N  of clients transferred for the community to HF for FP	7	120	73	247	447		
Nº of client referred to ANC	11	77	19	130	237		
N  olients referred to Health Center for HCT	63	35	102	122	322		
No clients suspected of TB referred to a Health Center	8	14	22	46	90		
No of clients referred to Health Center for general screen.	97	113	134	224	568		
Total number of clients referred to Health Facilites by the CCMs	197	379	318	753	1647		
No of clients referred by the CCMs who received care/treatment at Health Facilities							

During this quarter the CHASS project staff prepared and shared job descriptions of the CCM and this was discussed and approved by the SDMAS. Four of them were assigned to Entrelagos



Health Facilities, one of the three ART expansion health centers. CHASS project completed the production of ficheiros movies, to be installed in the remaining three ART sites.

#### Counseling and Testing Technical Support

This quarter a total of 10,390 individuals were tested, of which 782 were found positive in the 79 service outlets providing CT. The increase in the number of individuals receiving counseling and

testing from the previous quarter has been due to ongoing training, follow-up, mobilization, expansion of CT service delivery points and provision of tools such as registers and summary forms. During this reporting period, CHASS project staff participated in the training of 29 MCH nurses and clinicians from all districts of the province on CT. In addition, CHASS staffs participated in the National Institute of Health/Ministry of Health Quality Control of HIV Serology assessment schemes (Qualinum-Ser HIV) and collaborated with the DPS in collecting data for the 9no PAINEL for HIV testing proficiency.

#### Linkages between MCH, PMTCT and ARV services

The PMTCT program is integrated into existing health care infrastructure of the MoH and includes support for community mobilization (CCM/Activista), health care worker training, HIV counseling and testing, antiretroviral PMTCT prophylaxis, infant feeding education and increased access to care and treatment for HIV-positive mothers, infants and family members.

Ongoing technical assistance was provided to all the 25 health facilities supported by the project. From April to June 2011 5,790 women tested and knew their HIV status. There was a 19% increase (1167 to 1399) in the number of pregnant and immediate post partum women with known HIV status that received their results during this period. This can be attributed to the technical assistance provided specifically, on-job training, ensuring availability of registration forms in the health centers, minimum stock out of tests kits, MCH provincial meeting with all district and provincial MCH staffs, and joint supervision visits by the DPS/SDSMAS and CHASS project staff to health centers.

During this reporting period a provincial meeting facilitated by the provincial director and the medico chief was held to review MCH data from 2010 until the first quarter of 2011 and to discuss the way forward. Some key areas for improvement included: improving couples counseling and testing, adherence of HIV+ pregnant women, improving follow-up of the pregnant women in the ANC and reducing time for PCR results notifications.

In Niassa, the new PMTCT protocol which requires starting AZT at 14 months is yet to be initiated as the province is waiting to receive the supplies of medicines and train staff (MCH nurses and pharmacists). The training is planned for next quarter. During this quarter, training

on PMTCT and FP was held to update DPS staff in new PMTCT and FP guidelines. The training was attended by 29 MCH nurses, including one pharmacy technician and facilitated by MoH/DPS and CHASS staff.

Picture1. M2M group in Cuamba M2M group HC



A new mother-to-mother group was formed in Ngaúma, specifically in Massangulo health center. Currently, there are five mother to mother groups in the project sites actively engaged in supporting linkages between community and health facilities. The M2M are engaged in nutrition training and demonstrations, sensitization, community health education and minimizing loss-to-follow up.

The PMTCT/CT senior officer participated in a National Task force meeting on PMTCT to: discuss the draft of the new PMTCT training manual for trainers and trainees; review the PMTCT and MCH national situation; and discuss the new MCH registration and monitoring tools which will be printed by FHI for the whole country as mandated by USAID.

Strengthened Family Planning counseling and referrals within PMTCT program

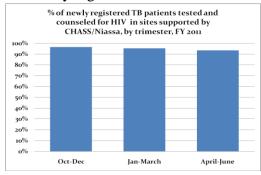
The CHASS project is helping strengthen family planning services within the PMTCT program through technical support to ANC. This quarter the CCMs referred 447 clients to the health facilities for Family Planning and SRH. However, the focus on family planning is primarily through the provision of information on contraceptives and/or referral to family planning services. Major gaps in the inclusion of family planning in VCT and PMTCT services point to the need for broader-based participation in the policy development process, stronger linkages with maternal and child health/family planning, an emphasis on HIV counseling sessions as the appropriate time to mention family planning, an emphasis on stronger linkages to care and support programs, and the recognition of adolescents as a specific target group. The Project will soon be discussing strategies to strengthen FP with the DPS to improve postnatal care of mothers including family planning at six weeks and integrating FP services with the immunization schedule.

#### TB/HIV "One Stop Shop" Model

The "One stop shop" model, until this quarter was only implemented in one site, Cuamba. This is primarily due to most district TB supervisors being *agentes de medicina (clinician's agents)* and as per the MoH guidelines they cannot be trained in ART clinical treatment. However, with the new guidelines developed by I-TECH (pending MoH approval), this challenge will be addressed. It is expected by next year, the approach will be expanded to other sites.

During this reporting period, the CHASS project supported a quarterly TB planning meeting with DPS. This meeting was attended by 21 health technicians from all 16 districts of Niassa province. Some key action items from the meeting included: correct registration of TB/HIV data,

data should be sent monthly to the province, and TB technicians should routinely review the laboratory registers.



During this quarter the number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB rose 59%, from 26 to 44. In addition, 129 new TB patients were tested for HIV, of which 49 were found positive and provided CTX prophylaxis. During the provincial management committee of clinical services, a key recommendation was to increase the TB detection rates in all districts, especially pediatric TB and negative BK cases. In

addition, the *medico chefe distrital* were asked to review TB program reports on a monthly basis and compare it with the lab findings to ensure that there are no defaulters.

Technical assistance to the districts continued with the aim of improving case detection and follow-up. Some key findings and issues addressed during the TA visits included: incomplete forms, incorrect treatment regimens for associated cases, limited supervision, and incomplete treatment. For the next quarter, more technicians will be trained in TB/HIV management and the project will continue to collaborate with the TBCARE project to support the volunteers, and integrate TB program in other services.

#### Laboratory Technical Support

During this quarter, the province organized the 1<sup>st</sup> Annual Provincial Laboratory meeting, which was attended by all the district and provincial technicians. This provided a good forum to review and harmonize the lab registration books and forms with the CHASS team support. Another issue discussed during this meeting was related to staff retention specifically nurses trained in fixation and baciloscopists who are transferred from one site to another without placement of a

substitute.

Regular technical assistance and supportive supervision visits with DPS to Mandimba, Ngauma, Cuamba, Mecanhelas and Metarica found a lack of biosafety materials at health centers resulting in poor implementation standards. Following these visits, FHI continues to work with the DPS and sites to find and implement solutions to these issues.

The CHASS Maputo Laboratory Officer participated in six technical group meetings to discuss issues regarding HIV testing, PICT, testing panels, introduction of Gene-Xpert equipment and Led Microscopes, and lab registers recently developed at the provincial level.

In collaboration with TB CARE, the Entrelagos and Mitande Health Facilities micro labs will receive infrastructures improvements. This will improve the testing services and biosafety

measures and contribute to enrollment in ART clinical treatment and TB detection. The Cuamba Rural hospital laboratory will receive infrastructure improvements in order to ensure suitability to receive the Gene-Xpert equipment and LED Microscopes. Technical support and refresher training in fixation and baciloscopists for nurses is planned next quarter.

#### Monitoring and Evaluation

The CHASS team with the assistance of the new SI Director has made significant efforts this quarter to strengthen the M&E system. This includes: developing strategies for timely dissemination of program results, achievements and lessons learned to health facilities staff and district/provincial staffs; initiating the process of creating a more user friendly data base that will allow for local analysis and increase data use by allowing access to the database via a web-based application; reviewing current M&E roles and responsibilities and making several key adjustments to position descriptions; reinforcing the concept of data quality by increasing the responsibility for data reviewing at each level of the M&E system in Niassa prior to data entry; creating stronger links between the CHASS Niassa M&E team and the Ministry Data Clerks, especially in the ART + sites to enable improved mentoring and TA at the health facility level; and positioning one full-time data analyst to analyze core indicators to ensure accuracy and completeness. TA and mentoring continued to be provided to health facility staff and others responsible for data collection and reporting at the district and provincial levels.

In addition, a data quality audit was conducted in collaboration with the DPS including related key staff from HIS in Cuamba and an improvement plan was developed. In collaboration with DPS a DQA will be conducted in all health facilities supported by the project. The M & E operational plan for CHASS FY12 was developed in collaboration with the DPS.

In addition, some targets set for COP11 were either too high or too low. An illustrative indicator includes the # of individuals that received counseling and testing for HIV and received test results, which had an estimated low target compared to what was achieved. The target was exceeded due to a number of reasons including significant effort on PICT at different entry points and improvement in logistics management of testing kits which translated to fewer stockouts. In COP12 planning these issues will be taken into consideration for target settings. We hope to be able to collaborate with USAID mission in the elaboration of the indicators that will reflect the reality in the field.

## Objective 2: Create an integrated system of HIV/AIDS and primary health care with strong linkages to community services.

Key Accomplishments this Period

- 21 SDSMAS staff trained in nutritional care for PLWHA;
- Meetings and Integrated activities plan between ComCHASS, TB CARE and CHASS/Niassa at national and local level:

#### Linkages with Community Services

During this reporting quarter, at the national level CHASS, ComCHASS and TBCARE held meetings to adapt and review referral forms (community, health center and back to community) which was approved and now is in use in the project coverage areas.

At the provincal level, a meeting was held in each of the following districts; Mandimba, Cuamba and Mecanhelas to establish the ToR's for volunteers with respect to the CHASS and ComCHASS projects in order to reinforce their roles with regard to two way referrals between the facility and community. This meeting was attended by volunteers, local NGO's, SDSMAS staffs, patients, the caregivers, clinicians, counselors and community leaders and was facilitated by FHI staff with support of the SDSMAS.

In the next quarter, the three projects will continue to collaborate to harmonize the volunteers and volunteers' guidelines, the monthly summary and supervision forms and the community involvement strategy, following the MoH recently approved strategy.

Community Case Management interventions (CCMs) are an important approach to increase coverage of preventive interventions, increase adherence to ART, tracking of mother-babies, and tracking HIV and TB patients. There are 60 CCMs working in 11 ART sites (2 at the health facility level and 4 in the community depending on the client population).

#### Linkages with SAAJ

CHASS is developing linkages with SAAJ to develop an HIV/AIDS education component (prevention and impact alleviation) integrated in their overall youth programs. Promote condom use should include extensive sensitization, covering issues such as, how to raise the subject with their partners, when to use condoms, how to use them properly, how to dispose of them properly, underscoring the importance of consistent use, especially under the influence of alcohol. Ensure that SAAJ members establish links with Health and/or HIV/AIDS services, family planning clinics in their respective district so that information is continuously updated.

The project will also promote sensitive and supportive HIV counseling and testing, and comprehensive medical, psychosocial, and case management services to adolescents and young adults at risk for or living with HIV.

#### GAAC (Community Adherence Support Groups)

The process for the implementation of the MoH model of community-based ART distribution and adherence monitoring by self-forming groups of patients on ART has been initiated in Niassa. Three Health Facilities were selected – Cuamba, Mandimba and Mecanhelas to pilot activities. Each of the selected sites is providing a minimum package of services that includes-ART program for more than 6 months, 2 staff (clinician, nurse), CD4 testing, TB services. (See implementation Plan in annex)

#### Nutrition, access to food and utilization

During this quarter, the new Nutrition Advisor came on board and had meetings with the CHASS management at FHI, representatives from the DPS, the provincial agriculture directorate and the MoH to explore synergies that the different institutions can bring to the project and help maximize impact.

A five-day training in nutritional care for PLWHA using the MoH developed curriculum was held in Cuamba district where 21 SDSMAS staff participated. This was facilitated by the CHASS nutrition advisor and the head of nutrition at DPS, PMTCT provincial supervisor and the Medical chief of Cuamba. The participants and SDSMAS will continue to receive nutrition job aids and appropriate tools for registration of patients and nutritional tracking. Next quarter the MoH will have training on nutritional rehabilitation for all health centers in the country, which will be co-facilitated by CHASS staff for Niassa.

Tools to assess the knowledge and skills of community volunteers were developed. Following implementation of the tool, volunteers will be trained in provision of nutritional care for the PLWHA. The community groups for cultivation of the moringa trees and community gardens have been identified in the three pilot districts namely, Marrupa, Mandimba and Sanga. The three districts were selected based on having the highest malnutrition cases in the province, as reported by the DPS and SETSAN.

#### Sub-agreement with CDS

During this quarter, CDS continued to follow-up with the 60 CCM activistas. In order to improve efficiency CDS divided their technical team, with one team designated to the four northern districts and other for the southern district. The CCM assisted in tracing defaulters and bringing them back on to treatment as described earlier. CDS is also a partner under the ComCHASS project, implementing home based and OVC care. Hence, the two projects are working closely with the organization to complement efforts and ensure synergies. In addition, the project will work in collaboration with CDS and Jhpiego using CCMs to implement community based HCT. The initiative will include providing HIV/AIDS TB education and free mobile VCT using rapid testing with same day results.

Objective 3: Strengthen GRM/MOH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements.

Key Accomplishments this Period

- Pre-service training for 30 MCH nurses;
- HSS assessment completed and results shared with DPS and other stakeholders;
- Capacity building plans for DPS/SDSMAS finance, administration and procurement staff designed and approved;

#### DPS Sub-agreement

A joint meeting was held with the DPS to discuss workplan activities for PES 2012. These activities will be finalized and form part of the subagreement with the DPS. The subagreement with the DPS will be formalized next quarter. In accordance with the PES 2011 plan, several technical trainings through formal and on-site assistance were supported by the CHASS project which included: MCH/PMTCT, couples counseling, PICT, new registration forms/guidelines, TB/HIV, pharmacy training and dispensing for pharmacy technicians and non-pharmacy staff, positive prevention, adult and pediatric care, nutrition, laboratory, and pre-service training. During this quarter, 153 health workers from all districts health facilities attended technical training courses on the new supervision approach, PMTCT and Family Planning, Pharmacy and drugs management, and positive prevention. (See Annex D)

We are providing technical support to the DPS to plan, budget and report following USG regulations and policies. As a result, the DPSDDMAS will be able to manage USG funds directly at least at the end of the third year. Our plan for this second year is to start transferring funds to DPS for specific activities, increasing progressively the amount of funds directly managed by the DPS/DDS. We are developing instruments to monitor and evaluate the DPS capability to manage their own budget by advocating for financing of needed health priorities, and for DDSMAS to access and manage available DPS resources. As of this period, CHASS direct expenditure to the DPS-Niassa is as follows:

Technical Assistant	597,100. USD
Development	125,400. USD
Capacity Building	360,000. USD
Total	1,082,500. USD

The DPS is actually managing the pre-service training funds allocated to them equivalent to 168,500 USD. We plan to allocate more funds next fiscal year for continuing training.

#### *Pre service training*

During the quarter, 30 MCH nurses candidates have successfully concluded the second of three semesters of their pre service training in MCH. This is running in the Centro de formação de saúde de Cuamba/Cuamba training center for health and is organized and coordinated by the DPS staff.

By next quarter, two new pre-service training courses supported by CHASS Niassa project will begin, a MCH high level training in Lichinga health training center targeting 30 MCH candidates and pharmacy training for 25 Pharmacy Technicians candidates. The pharmacy training is planned to take place in Nampula due to the lack of qualified staff and space to implement this training in Niassa. CHASS Provincial Coordinator and DPS officials attended a meeting in Nampula and an MOU was elaborated between the DPS and the Training School/DPS in Nampula. The Niassa DPS is finalizing the training details with the Nampula DPS and the candidates are expected to start next quarter.

#### HSS technical support

During this reporting period, the HSS staff completed the HSS rapid assessment of Niassa province health system along the six prongs of health system strengthening. Some of the findings included: weakness in the management of the health system in general from the provincial to district level, poor capacity of financial and human resources management, and regular stock out of drugs. An action plan for services improvement have been designed, and some of the activities discussed with DPS is part of the DPS annual plan for 2012 (PES 2012).

Direct support for the improvement of administration, procurement, and finance and resources management is being provided through trainings to relevant staff and provision of IT equipment for all 16 districts and the province.

The technical assistance plan for HSS was designed together with the DPS for the finalization of the supervision manual. This first draft is already in place and the final manual is expected next quarter. The CHASS HSS team is supporting the DPS to organize a quarterly planning and review meeting with all Niassa health system partners with the objective of improving prioritization of activities and avoiding duplication in the support of the districts and technical areas.

The HSS technical officer participated in training on service quality improvement/humanization conducted by MoH, facilitated by the Brazilian MoH. The aim was to learn from the Brazilian experience in patient friendly services, service quality improvement and humanization, sensitization on the Mozambican policiesy. This policy will be implemented next quarter. CHASS will be responsible for assisting the Niassa DPS in roll-out at the provincial and district levels.

#### Pharmacy Technical Support

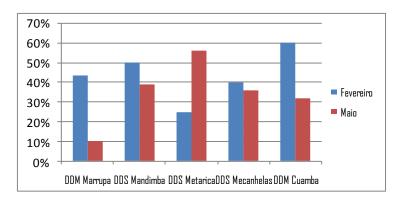
This quarter the pharmacy advisor at the DPS and the CHASS pharmacy technical officer facilitated training for 73 clinicians and servants (agentes de serviço) in Cuamba and Marrupa districts, as part of the follow-up recommendations to the recently concluded human resources assessment. To improve the transport, storage and management of drugs and commodities the DPS is planning to improve the warehouse condition by next year, which is part of the PES 2012. In addition, the provincial medical chief on recommendation by CHASS staff is assessing the possibility of hiring a staff to operate the electronic management and tracking system, which is currently not being well utilized due to competing priorities of the manager.

In Cuamba there is lack of coordination and medical rationalization between the rural hospital and district warehouse. This is known by DPS and a plan to move staff from Metarica to Cuamba to become the new district warehouse manager is underway.

The pharmacy technical officer provided technical assistance in the following areas during this quarter: needs quantification, filling of the pharmacy registers and requisition forms, forecasting of drugs and commodities at the health facilities pharmacy and district warehouse, storage

standards, and on job training was provided on how to fill the MMIA, the tool used to estimate the ARV drugs. As of this quarter there was no reported stock out of ARV drugs.

Grafico1: % of Drugs stock out (stock =0) Comparison between February Vs. May 2011



Paracetamol tablets. and Suspension, Indometicin. Artemeter e Lumenfatrin, amilozide a medicine contains two active ingredients, amiloride hydrochloride and hydrochlorothiazide, Salbutamol Syrup, Phenoxymethyl penicillin tablets. Amoxicillin Suspension and Amoxicillin Caps, Tetracycline Capsules,

Tetracycline tablets, Erythromycin, Nevirapine Suspension, RPR test, plumpy nut F100, F75, Aluminum hydroxide are the most frequent drugs and commodities with stock out in the reporting period. The CHASS project supported in this area through: provision of transportation to support the drugs and commodities distribution at the province, adapted the provincial and district supervision tools, and continued provision of on job training and job aid *Project C.U.R.E support-Cost Share* 

As part of the cost-share obligation under CHASS, FHI is working closely with Project C.U.R.E. Project CURE has undertaken assessments and has finalized the selection and provision of the donated items. Following discussions with MoH it was found that some items need to be inspected by Intertek an independent shipment company before it is shipped to Mozambique. This process is delayed but the first container is expected in Mozambique during the next quarter.

#### Support for QA/QI

A QA/QI training will be held for local staff to facilitate the implementation of QA/QI in the program in Maputo and Niassa. The CHASS clinical team has identified specific QI topics in the areas of TB, PMTCT and CT which will be discussed and implemented following the QI training in August. Project staff and SDSMAS are developing QA/QI tools in CT (couple counseling), PMTCT, ART, and clinical care that will be implemented in each technical area.

#### Gender Issues Interventions

Following concurrence received from USAID for partnering with MULEIDE, FHI has signed a subagreement with this local organization to implement gender interventions in the CHASS project targeting health workers and communities. They will make a visit to Niassa next quarter to assess gender inequalities and how it may affect disclosure and progress in addressing male partner involvement.

#### Small infrastructures rehabilitation

By the end of June 2011 the CHASS project staff continued provision of technical support in the area of infrastructure. The following were undertaken this quarter:

- DPS evaluated the proposal for small rehabilitations in Ngaúma (a mother's waiting house) which will be initiated immediately,
- In Sanga Health center the contract have been signed and work has started;
- In the health training center (Centro de formação de Lichinga), the rehabilitation of the water pump system is in the final stages of contract negotiation.

As the project is planning an expansion for new areas in the next fiscal year a general assessment for the entire six expansion districts is in process.

#### III. Project Management

During this reporting period, three new staffs were hired to support activities in Niassa, a Program Officer, Public Health Officer and a Health System Strengthening Officer. The new Nutrition Technical Advisor assumed her role this quarter.

Dr Joaquim Fernando, the Niassa provincial Coordinator, will assume his new position as Technical Director next quarter. He will be responsible for strengthening the technical depth of the project and ensuring synergies with the other FHI projects.

Sub-agreements and Sub-contracts for Implementation

The final details for the sub agreement with MULEIDE have been finalized. By next month MULEIDE will start their field implementation in close coordination with the CHASS project staff.

The CDS continued implementing activities under their current subagreement. Their performance is currently being assessed under an improvement plan, following which a determination will be made on continuation/discontinuation of the subagreement. The CHASS project is also assessing new partners as the project expands to new districts.

CHASS staffs are committed to providing the latest scientific information in the implementation of the project in Niassa. The head office in Maputo provides continuous technical assistance through national working groups to support policies, guidelines, training, curricula, monitoring and evaluation in different technical areas. CHASS technical staff participate in USG/MoH Clinical partners meetings and provide inputs to the development or revision of policies, guidelines, training etc.

During this reporting period a significant achievement was the selection and contracting of the agency that will be undertaking the printing of the Ministry of Health MCH data collecting books and forms at the national level.

#### IV. Challenges, Approaches to Overcome Challenges and Lessons Learned this Quarter

Periodic stock outs of essential commodities and drugs due to poor forecasting skills, at times compounded by chronic logistic problems continued to hamper program scale-up and expansion. CHASS project's pharmacy component is collaborating with SIMAM to train the three new staff. In addition, the Pharmacy TO is provide TA on needs quantification, filling of the pharmacy registers and requisition forms, forecasting of drugs and commodities at the health facilities pharmacy and district warehouse, storage standards, and on job training was provided on how to fill the MMIA. The CHASS project is working with the DPS to develop a distribution plan and is contemplating the possibility of renting 2 trucks to help in the distribution of the medications and commodities throughout the province.

A major challenge and important focus of the PMTCT program is the longitudinal care and follow-up of HIV-positive mothers, infants and families. The traditional segregation of services results in a pregnant mother receiving care in the ANC, delivery and postpartum clinics, while the infants and children receive care in the immunizations and well baby clinic. An auditing tool is being developed which will allow the clinicians and MCH nurses to improve the identification and follow-up of HIV-positive mothers and their exposed infants.

Geographical remoteness, limited infrastructure, and lack of transport pose a challenge to many women to attend antenatal care (ANC) beyond the first visit and to seek institutional care during delivery. There is a loss-to-follow-up of many pregnant women and mothers living with HIV. Barriers also persist to both the client and health care provider in terms of men's involvement in MCH care. Community Case Managers/activistas at the community level are being used to track LTFU mothers and refer them back to the clinic and also to better inform pregnant women of the necessity of pre-natal visits and HIV testing. Community Case Managers at the facility level will be working with the well baby clinic nurse to identify HIV-exposed children and bring them into care and treatment. In addition, CHASS uses periodic meetings with TBAs as opportunities to inform them on importance of timely referral and PMTCT, ANC services.

Coordination of GAAC members and CCM/Activist with the implementation and roll-out of the pilot clear roles and responsibilities of the activistas/CCM with respect to supporting GAAC members will be outlined.

In addition, the project is studying the possibility of supporting an outreach program that will bring service closer to the people who are living with HIV/AIDS in remote communities in three districts, Sanga, Mandimba and Cuamba. This is in keeping with the urgent need to expand care and treatment for PLHIV.

#### **Lessons Learned**

- Strengthening services requires building capacity of health care workers in implementation, monitoring and managing programs, as well as strengthening the systems to deliver the services.
- PMTCT service delivery can only improve with concurrent systemic changes.

- Coordination between ARV clinic and PMTCT teams within the health facility is paramount to the linkages of HIV-positive women to care and treatment. It facilitates the integration of services through the synchronization of patient visits. Adults and children from the same family can be seen on the same day and where possible by the same clinician.
- Increasing coverage requires a dependable supply of test kits and drugs.
- Provision of prophylaxis and follow-up of the exposed baby were the weakest links in the PMTCT continuum of care.
- Multiple approaches are needed to reach men with HIV information, testing, and services.

#### **Annexes:**

Annex A: Success Story

Annex B: Monitoring and Evaluation Data

Annex C: List of Health Facility Sites and services supported

Annex D: Implementation Plan of the Community Adherence Support Groups Strategy at the Rural Hospital in Cuamba, the Health Centers in Mandimba and Mecanhelas

Annex F: Training and Related Capacity Building Activities

Annex G: Quarterly financial report

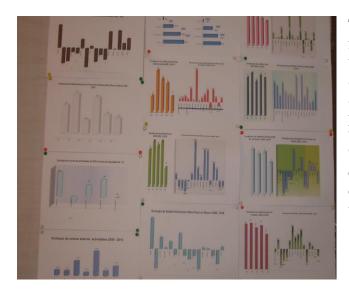
Annex H: Subcontract and Sub agreements under CHASS/Niassa (Sent separately to USAID)

#### **ANNEX A: Success Story**

Supporting strengthening of the HMIS in Niassa

CHASS project has been supporting the DPS Niassa in strengthening the Health Management Information Systems (HMIS). There were problems in data collection, compilation and data flow from the health facilities to the districts and subsequently to DPS.

After an assessment, the CHASS project provided extensive support which included: provision of IT materials for the project targeted districts, providing technical assistance in data accuracy and correction of errors in Basic modules (modulo básico) in the districts, supporting the establishment of quality assurance system, training of heads of districts statistical offices in Monitoring and Evaluation, and supporting regular data review meetings. The HMIS operational plan was also implemented.



This support has resulted in improved functioning of the district Statistics office, timely reporting of information, greater accuracy in reporting, improved data flow and review. As reflected in the words of the provincial planning Director Mr. Sarmento: "The Data collection has improved from 60 % to 93%". The project challenge now is to continue working on the reliability of the data from the peripheral health centers up to the provincial statistics department.

Figure: The data in the DPS-Niassa wall.

**Annex B: Monitoring and Evaluation Data** 

	FY 2010				FY 2011		
PEFPAR Indicators	Ago - Sep	Out-Dec	Jan-March	Abr- Jun	Total FY2011	targets FY2011	% Achievement
PREVENTION OF MOTHER TO CHILD TRANSMISSION							
Number of outlets providing PMTCT	25	25	25	25	25	15	167%
Number of unique pregnant women registered	6,024	7,874	6,560	7,163	21,597		
Number of pregnant women with known HIV status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	3,516	5,560	5,605	5,790	16,955	13,626	124%
Number of pregnant women with known HIV <u>positive</u> status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).		221	207	259	687		
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/PN setting.	54	86	106	118	310	654	47%
Total number of unique pregnant and postpartum women registered	2,987	3,927	3,652	3,793	11,372		-
Number of pregnant and immediate post-partum women with known HIV status (includes women who were tested for HIV and received their results)	1,281	1,252	1,167	1,399	3,818	2948	130%
Number of pregnant and immediate post-partum women with known HIV Positive status (includes women who were tested for HIV and received their results)		139	127	149	415		
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	121	240	39	135	414	189	219%
Number of health workers trained in the provision of PMTCT services according to national and international standards.		-	23	29	52		-
COUNSELING & TESTING		ı			ı		
Number of service outlets providing counseling and testing according to national and international standards	23	23	25	25	25	25	100%
Number of individuals who received counseling and testing for HIV and received their test results	4,308	10,563	9,599	10,390	30,552	16,131	189%
Number of individuals who received counseling and testing for HIV and whose results were HIV+	433	895	726	782	2,403		-
Number of individuals trained in counseling and testing according to national and international standards		46		0	46		-
HIV/AIDS TREATMENT SERVICES							
Number of outlets providing antiretroviral therapy	9	9	10	11	11	11	100%
Number of individuals newly initiating ART during the reporting period	106	200	234	271	705	1,615	44%
Number of individuals who ever took ART during the reporting period	2,705	3,029	2,969	3,155	3,155		
Total number of individuals currently taking ART during the reporting period	2,659	2,983	2,827	3,943	3,943	2,621	150%
Total number of health workers trained to deliver high quality ART services		41	17	100	158	-	-
TB/HIV SERVICES							
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	8	8	8	8	8	8	100%
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	13	11	26	44	81	315	26%
Number of new registered TB patients at USG supported TB service outlet	65	85	108	138	331	332	100%
Number of registered TB patients who received counseling and testing for HIV (6 received their results) at USG supported TB service outlet	61	82	103	129	314	315	100%
Number of TB (co-infected) patients who started CTB		18	33	49	67		
Number of HIV Positive TB (co-infected) patients who start ART		3	8	3	14	119	12%
Number of individuals trained in TB/HIV co-infection according to national and international standards		-	-	23	-	23	-
OTHER POLICY ANALYSIS/SYSTEM STRENGTHENING							
Number of Local Organizations provided with technical assistance on HIV			1		1		
policy/programs development and institutional capacity building				C)			
Number of individuals trained in institutional capacity building			0	21	0		
Number of individuals trained in community mobilization for HIV prevention, care and treatment			58		58		

**ANNEX C: List of Health Facility Sites** 

Districts		Health Facilities	TARV	PTV	AT	ТВ	LAB/FARMAC
Lichinga	1	Chimbonila Health Center	V	V	$\sqrt{}$	V	V
	2	Machomane Health Center		<b>√</b>	<b>√</b>		
	3	Malica Health Center		<b>√</b>	<b>√</b>		
Marrupa	4	Marrupa Health Center	V	V	<b>V</b>	<b>V</b>	V
	5	Nungo Health Center		V	<b>√</b>		
Ngauma	auma 6 Massangulo Health Center		V	<b>√</b>	<b>V</b>	<b>√</b>	V
	7	Ngauma Health Center		<b>√</b>	<b>V</b>		
Sanga	8 7 de Setembro Health Center		V	<b>√</b>	<b>V</b>	<b>V</b>	V
	9	Macaloge Health Center		<b>√</b>	<b>√</b>		
Mandimba	10	Mandimba Health Center	V	V	<b>V</b>	<b>V</b>	√
	11	Mitande Health Post	V	1	<b>V</b>		
	12	Lissiete Health Center		1	<b>V</b>		
	13	Meluluca Health Center		1	<b>√</b>		
Cuamba	14	Cuamba Rural Hospital	1	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>
	15	Cuamba Health Center		V	<b>√</b>		V
	16	Etatara Health Post		<b>√</b>	<b>√</b>		
	17	Lurio Health Post		<b>√</b>	<b>V</b>		
	18	Mitucue Health Post	V	<b>√</b>	<b>V</b>		
	19	Malapa Health Center		V	<b>√</b>		
	20	Muetetere Health Center		V	<b>√</b>		
	21	Chiponde Health Center		<b>√</b>	<b>√</b>		
Mecanhelas	22	Mecanhelas Health Center	1	<b>√</b>	<b>V</b>	<b>√</b>	<b>√</b>
	23	Chiuta Health Center		1	1		
	24	Entre-Lagos Health Post	<b>√</b>	1	1		
Metarica	25	Metarica Health Center	V	1	1	<b>√</b>	<b>√</b>
Total			11	25	25	8	9

## Annex D: Implementation Plan of the Community Adherence Support Groups Strategy at the Rural Hospital in Cuamba, the Health Centers in Mandimba and Mecanhelas

Actividades	Local	Prazos	Responsabilidade	Apoio/Parceiro	Recursos
Solicitação de material para formação de equipes distritais e dos GAACs		4ª Semana de Julho	Bomba -FHI	MSF - Bélgica	-
Apresentar a Estratégia GACC nos Comités Distrital de Gestão de Cuidados Clínico	US seleccionados	1ª Semana de Agosto	MCD	-	-
Eleger o ponto focal distrital dos GAACs e seu adjunto	US seleccionados	1ª Semana de Agosto	MCD	-	-
Inicio das palestras nas USs seleccionadas e mapeamento dos pacientes em TARV	US seleccionados	1ª Semana de Agosto	Pontos focais GAACs Clínicos	SDSMAS-ATS CHASS	
Preparação do treino (envio Nº e lista de participantes) Preparação de fichas para formação		1ª Semana de Agosto	MCD Bomba		Fotocopias
Distribuição material de formação (fichas) para os MCD e Pontos focais		2ª Semana de Agosto	Dr. Leonel; Dr. Kapella	DPS/CHASS	Transporte
Formação 5 dias da equipe distrital (Lab, Aceitação, Farmácia, Clínico/TARV, ATS, NED, SMI, líder de GA MpM, GCC, Líder do Grupo Cha positivo, pessoal técnico da FHI, ONGs e OCBs locais)	CS de Mandimba HR de Cuamba CS de Mecanhelas	2ª Semana de Agosto Passou para 4ª Semana de Agosto	MCD Dr. Leonel Bomba	DPS CHASS MSF- Bélgica	Consultores dos MSF; Sala, Lanches, Almoços, Material didáctico, Transporte, Perdiem
Disponibilizar medicamentos para todas sedes distritais	Sede distrital	4ª Semana de Agosto	Dr. Leonel	DPS/ CHASS	Transporte
Formação dos GAACs e início das actividades	CS de Mandimba HR de Cuamba CS de Mecanhelas		MCD Dr. Leonel Dr. Rato/Kapella		Transporte, Ajudas de custo, Sala, Material didáctico, Perdiem
Visitas mensais de assistência técnica as comunidades nível distrital	Mandimba Cuamba Mecanhelas	Permanente início 1° Semana de Outubro	MCD Dr. Kapella,	DPS CHASS	Transporte e Ajudas de Custo
Vistas trimestrais de Apoio Técnico nível provincial	CS de Mandimba HR de Cuamba CS de Mecanhelas	1ª Semana de Dezembro, Abril e Setembro	Dr. Laison/Leonel MCD/ Ponto focal GAAC Dr. Rato/Kapella/Bomb a		
Elaboração de relatórios		Trimestral/ Semestral	Ponto focal MCD Supervisor Provincial de HIV	DPS CHASS	

### **ANNEX E: Training and Related Capacity Building Activities**

The table below provides a list of technical training and related capacity building activities implemented and/or supported by CHASS project during the reporting period, April to June 2011:

Technical	No	Target Group (s)	No	Dates	Location	Cost
Area						
ATIP	1	ESMI, TMG, enf. Geral, parteira, T. Psiiquiatria, AMG	26	18-22/04/2011	Lichinga	250,145.00
Pediatric ART	1	Clinicians	17	04-15/04/2011	Lichinga	309,161.26
Positive Prevention	1	Clinicians, MCH Nurses	16	27-29/04/2011	Lichinga Distrito	
						40,702.05
Positive Prevention	1	MCH Nurses, Clinicians, Psych Tech,	20	13-15/04/2011	Mecanhelas	56.441.00
Positive Prevention	1	Nurses, Preventive Tech. Clinicians, MCH Aux Nurses T. Psych, Oftamo Aux,	14	12-13/04/2011	Marrupa	56,441.89
TB/HIV	1	Clinicians, Nurse	19	9-12/05/2011	Lago	141,500.00
PMTCT/FP	1	MCH Nurse , 1 MD	29	9-14/05/2011	Mandimba	352,186.00
Nutrition	1	MCH Nurses Dental Assistant, T. INAS, T. Nutritionist	20	6-11/06/2011	Cuamba	179,010.00
Drug Management	1	Aux. Pharm, Clinicians, Nurses MCH, INAS	46	17-19/06/2011	Cuamba	
TOTAL	9		207			251,000.00
1011111			207			1,624,758.4

## **ANNEX F: Financial Summary**

The table below provides a status update of the CHASS Niassa Total Actual Expenditures as of June 30, 2011.

Item	Total Estimated Amount (LOP)		Total Obligated Amount		Total Actual Expenditures thru Aug 01, 2010_June 30,2011	
Personnel	\$	10,819,256	\$	1,790,225	\$	1,358,092
Fringe Benefits	\$	3,191,671	\$	643,640	\$	501,236
Consultant	\$	115,287	\$	24,000	\$	10,511
Travel and Per Diem	\$	1,982,901	\$	294,235	\$	421,114
Equipment	\$	383,821	\$	93,000	\$	226,052
Subrecipient & Grants	\$	5,449,731	\$	1,006,595	\$	464,972
Other Direct Costs	\$	3,014,528	\$	514,720	\$	824,215
Subtotal Direct Costs						
Other Indirect Costs	\$	6,269,344	\$	1,172,006	\$	893,560
Total	\$	31,226,539	\$	5,538,421	\$	4,699,752
Cost Share		3,122,654.00				
<b>Grand Total</b>	3	4,349,193.00	5	,538,421.00		

**ANNEX G:** Subcontract and Sub agreements under CHASS/Niassa

Implementing Partner	Intervention Areas	Project Dates	Total Obligated (by sub- agreement)	Total Funds Disbursed to Date	Cumulative Spent as of 31 Jun 11	Obligated Amount Balance
Abt associates	Health Systems Stengthening	August 1 <sup>st</sup> , 2010 to May 31 <sup>st</sup> , 2015	\$147,554	\$64,013.64	\$39,111.57	\$108,442.43
Conselho Cristão de Moçambique (CCM)	Community Mobilization, Mecanhelas	August 1 <sup>st</sup> , 2010 to October 31 <sup>st</sup> , 2010	\$2,873	\$2,873	\$2,873	0
Comissão Diocesana de Saúde (CDS)	Community mobilization in Cuamba	August 25, 2010 to July 31st, 2011	\$37,253,00	\$32,422.23	\$36,373,62	\$879,38
Food for the Hungry	Nutritional technical expertise	August 1st, 2010 to May 31st, 2015	\$119,998.00	\$10,000	\$78,072	\$41,926
		TOTAL	\$305,340			